MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032827 STATE FILE NUMBER

Registration District No. 38A- Primary Registration District No. ~~3037~~ 3038 Registrar's No. 446

FILED AUG 2 6 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BROOKFIELD
Length of stay in 1b: 1 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PERSHING HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5631 E. 40 HIGHWAY
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MICHAEL Middle: JOSEPH Last: CADLE

4. DATE OF DEATH Month, Day, Year: AUG. 10, 1963

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-10-1963

9. AGE (last birthday): — IF UNDER 1 YEAR Months / Days: — IF UNDER 24 HR Hours: 5 Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): BROOKFIELD, MO

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JAMES CADLE

13b. MOTHER'S MAIDEN NAME: LUCY STARK

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.

17. INFORMANT Address: JAMES CADLE, K.C. MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity (Respiratory Failure) — Interval between onset and death: 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10⁵⁹ Am. to 5³⁰ pm. and last saw her/him alive on 8/10/63.
Death occurred at 5:30 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. W. Bolinck MD.

22b. ADDRESS: Brookfield Mo.

22c. DATE SIGNED: 8/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 8-11-1963

23c. NAME OF CEMETERY OR CREMATORY: LACLEDE CEM.

23d. LOCATION (City, town, or county) (State): LACLEDE, MO

24. FUNERAL DIRECTOR ADDRESS: WRIGHT FUNERAL HOME, BROOKFIELD, MO

25. DATE RECD. BY LOCAL REG.: 8-11-63

26. REGISTRAR'S SIGNATURE: Anna Walson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Not embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H B Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.